



Applicant or Patentee: IRWIN J. GRIFFITH and JOANNE POLLOCK
Serial or Patent No.: _____ Attorney's Docket No.: IMPH-0002
Date Filed or Issued: JULY 15, 1991
For: ALLERGENIC PROTEINS AND PEPTIDES FROM JAPANESE CEDAR POLLEN

**VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY STATUS
(37 CFR 1.9(f) and 1.27(c) - SMALL BUSINESS CONCERN**

I hereby declare that I am:

() the owner of the small business concern identified below:

(XX) an official empowered to act on behalf of the concern
identified below:

NAME OF CONCERN: IMMULOGIC PHARMACEUTICAL CORPORATION
ADDRESS OF CONCERN: ONE KENDALL SQUARE - BUILDING 600
CAMBRIDGE MA 02139

I hereby declare that the above-identified small business concern qualifies as a small business concern as defined in 13 CFR 121.12, and reproduced in 37 CFR 1.9(d), for purposes of paying reduced fees under section 41(a) and (b) of Title 35, United States Code, in that: (1) the number of employees of the concern, including those of its affiliates, does not exceed 500 persons; and (2) the concern has not assigned, granted, conveyed, or licensed, and is under no obligation under contract or law to assign, grant, convey, or license, any rights in the invention to any person who could not be classified as an independent inventor if that person had made the invention, or to any concern which would not qualify as a small business concern or a nonprofit organization under this section.

For purposes of this statement, (1) the number of employees of the business concern is the average over the previous fiscal year of the concern of the persons employed on a full-time, part-time or temporary basis during each of the pay periods of the fiscal year, and (2) concerns are affiliates of each other when either, directly or indirectly, one concern controls or has the power to control the other, or a third party or parties controls or has the power to control both.

I hereby declare that rights under contract or law have been conveyed to and remain with the small business concern identified above with regard to the invention entitled **ALLERGENIC PROTEINS AND PEPTIDES FROM JAPANESE CEDAR POLLEN** by inventor(s) IRWIN J. GRIFFITH and JOANNE POLLOCK described in

() specification filed herewith.

(xx) attorney docket no. IMPH-0002, filed July 15, 1991.

() patent no. _____, issued _____.

If the rights held by the above-identified small business concern are not exclusive, each individual, concern or organization having rights to the invention is listed below* and no rights to the invention are held by any person, other than the inventor, who could not qualify as a small business concern under 37 CFR 1.9(d) or by any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e).

***NOTE:** Separate verified statements are required for each named person, concern or organization having rights to the invention averring to their status as small entities. (37 CFR 1.27)

FULL NAME:

ADDRESS:

() INDIVIDUAL () SMALL BUSINESS CONCERN () NONPROFIT ORGANIZATION

FULL NAME:

ADDRESS:

() INDIVIDUAL () SMALL BUSINESS CONCERN () NONPROFIT ORGANIZATION

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b))

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

NAME OF PERSON SIGNING

TITLE OF PERSON SIGNING

ADDRESS OF PERSON SIGNING


SIGNATURE


DATE